2016 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE REPORT OF REC Name of Candidate Telephone PERRINS /aw ofc & be//south met Check here if above is different from previous report ..Mandatory January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016)... All candidates, excluding judicial candidates on the November 2016 General Election ballot. Required to terminate reporting Termination Report (Candidate will no longer accept contributions, make obligations Expenditures, has no outstanding debt obligation and zero cash on hand balance.) IMPORTANT

(1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting

- Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

	REPORTI		AND DISBURSEMENTS This Period	Calendar Year-To-Date
Total amount of contributions	\$25000 +\$	400 20 \$	65000	\$ 65000
Total amount of disbursements	\$ 0 +\$	250° \$	25000	\$ 250
Total amount of cash on hand		\$	400,00	
I certify that khave examin Signature of Candida Authority: Refer to Miss. Code Ann. § Penalties: Fallure to timely submit red	te //	\$ 5-7	Date /	ge, accurate, and complete.
Penalties: Fallure to timely submit req amount of \$50 per day for ten (10) day	s and/or prosecution p	ursuant to Miss. Code An	n. §§ 23-16-811 and 813 (1972	2).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections

Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545. 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.

3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Name of Candidate or Com	mittee Willie Jif	Errins, SM
Reporting period Jan	4,201/a through	108c.31,20161
	ÍTEMIZED	RECEIPTS
	() <u></u> 7 () <u></u>	

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
, m. (/	(Mo., Day, Year)	this period
Full name Full name FULL SEA BUSCH TO CLEX FIRM:	亚亚亚	\$ 250.00
Mailing Address		\$ 🔼
City, State, Zip Code		\$ 0
Name of Employer (Required)		\$
Occupation (Redulred)	Aggregate year-to-date	\$ [250.00
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	<u> </u>	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate	\$
1	year-to-date	'
C. Source Corporation PAC Individual Loan	year <u>-to-date</u> Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	receipt
Other (please specify)	Date	receipt this period
Other (please specify)	Date	receipt this period
Other (please specify)	Date	receipt this period
Other (please specify) Full name Mailing Address	Date	receipt this period \$
Other (please specify) Full name Malling Address City, State, Zip Code	Date	receipt this period \$
Other (please specify) Full name Malling Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) / / / // // // // Aggregate	s Amount of each receipt
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Control (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	s Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	s Amount of each receipt this period this period
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Control (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	s Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	s Amount of each receipt this period this period
Other (please specify) Full name Malling Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Malling Address	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date	receipt this period \$